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24353 7590 06/18/2004

BOZICEVIC, FIELD & FRANCIS LLP
200 MIDDLEFIELD RD
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/077,577	02/15/2002	Cedric Shackleton	CHOR-003	1578

TITLE OF INVENTION: DIAGNOSIS OF SMITH-LEMLI-OPTIZ SYNDROME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	09/20/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
COLE, MONIQUE T	1743	436-065000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Carol L. Francis
2 Bozicevic, Field &
3 Francis LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

Children's Hospital & Research
Center at Oakland

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Oakland, California

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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